

Medicare Program Integrity Manual

Chapter 14 - Physician Identification and Registration

Table of Content ***(Rev. 141, 02-24-06)***

14.1 - National Registry of Physicians/Health Care Practitioners/Group Practices

14.1.1 - Ongoing Data Collection on Physicians/Health Care

Practitioners/Group Practices Applications

14.1.2 - Physicians/Health Care Practitioners/Group Practices Record-Required Information and Format

14.1.3 - Maintaining Physician/Health Care Practitioner/Group Practices Memberships

14.1.4 - Validation of Physician/Health Care Practitioner/Group Practice Credentials, Certification, Sanction, and License Information for Prior Practices

14.1.5 - UPIN Cross-Referral Requirement

14.2 - Maintenance of the Registry

14.2.1 - General

14.2.2 - Add Records

14.2.3 - Adding Physician/Health Care Practitioner/Group Practice Setting

14.2.4 - Update Records

14.2.5 - Rejections

14.2.6 - Exceptions

14.2.7 - Batching Procedures

14.3 - Privacy Act Requirements

14.3.1- Release of UPINs

14.3.2 - Release of UPINs to Physicians, Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants

14.4 - Automatic Notifications

14.5 - UPIN Directory

14.6 - UPINs for Ordering/Referring Physicians

14.6.1 - CWF Edits and Claims Processing Requirements

14.6.2 - Surrogate UPINs

14.6.3 - Carrier Registry Telecommunication Interface

14.7 - General

14.7.1 - AGNS/CD

14.7.2 - File Transfer

14.7.3 - Registry Customer Information Control System

14.7.4 - T-Mail

14.1 - National Registry of Physician/Health Care Practitioner/Group Practices (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

A system of physician identifiers is mandated by §9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985. It requires a unique identifier for each physician who provides services for which Medicare payment is made. An identifier is assigned to each physician regardless of his or her practice configuration, i.e., each physician whether practicing solo, in a partnership, in a group, or in any other configuration is assigned a unique number which remains constant throughout his or her Medicare affiliation. The Unique Physician/Practitioner Identification Number (UPIN) is established in a national Registry of Medicare Physician Identification and Eligibility Records (MPIER).

The notice of the system of records for the UPIN Registry is being changed to include health care practitioners and group practices.

Section 1833(e) of the Social Security Act provides authority for actions and procedures that gather information. "No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period." The Registry is being expanded to include health care practitioners and group practices to facilitate this requirement.

A physician is a doctor of medicine or osteopathy, dental medicine, dental surgery, podiatric medicine, optometry, or chiropractic medicine legally authorized to practice by the State in which he/she performs such function or action as defined in §1861(r) of the Social Security Act.

A health care practitioner includes, but is not limited to, physician assistant, certified nurse-midwife, qualified psychologist, nurse practitioner, clinical social worker, physical therapist, occupational therapist, respiratory therapist, certified registered nurse anesthetist, or any other practitioner as may be specified by the Secretary as defined in §1842(b)(4)(I) of the Social Security Act. Included are anesthesia assistant, independent billing psychologist, independent billing audiologist, certified clinical nurse specialist, family nurse practitioner, clinical psychologist, certified registered nurse practitioner and licensed clinical social worker. The following medical suppliers/entities are also included mammography screening center, ambulance service supplier, portable X-ray supplier, independent physiological laboratory.

A group practice is a group of two or more physicians and non-physician practitioners legally organized in a partnership, professional corporation, foundation, not-for-profit corporation, faculty practice plan, or similar association, (A) in which each physician who is a member of the group provides substantially the full range of services which the physician routinely provides (including medical care, consultation, diagnosis, or treatment) through the joint use of shared office space, facilities, equipment, and personnel;

(B) for which substantially all of the services of the physicians who are members of the group are provided through the group and are billed in the name of the group and amounts so received are treated as receipts of the group; 8 in which the overhead expenses of and the income from the practice are distributed in accordance with methods previously determined by members of the group; and (D) which meets such other standards as the Secretary may impose

by regulation to implement §1877(h)(4) of the Social Security Act. The group practice definition also applies to health care practitioners.

A UPIN is to be assigned to all physicians, health care practitioners, and group practices who bill or perform services for Medicare payment. A UPIN has two fields, a randomly assigned unique 6-digit alpha/numeric base number to uniquely identify the practitioners and group, and a 4-digit location identifier to identify the billing and business practice setting. The 4-digit identifiers are to be assigned regardless of an affiliation with an individual practice, partnership or group practice, including hospital based locations.

Do not transmit 10-digit UPINs to physicians, health care practitioners and medical groups, use them on the claim form or change your processing system to use them as primary provider numbers. Ten-digit UPINs will be used internally to link existing numbering systems and facilitate the integration of Medicare to a new national provider number system. Do not release ten-digit UPINs at this time. Release 6-digit UPINs only.

A practice setting is the address where services are performed or an address where payment is sent if different from where the service was performed. Send group practice membership information to the Registry. The file will cross-refer members to the group practice. (See §14.12.)

Examples of the Registry UPIN records for physician/health care practitioner, and group practices:

Physician/Health Care Practitioner in solo practice only:

Dr. Jones in solo practice

A11111 (base) 0001 (location)

Physician/Health Care Practitioner in group practice only:

Dr. Sebron in group practice only

D22222 (base) 0001 (location)

Physical Therapist in group practice only:

Betty West Physical Therapist

R22222 (base) 0001 (location)

Group Practice in multiple location:

Red Medical Group Practice at 2 locations

W11111 (base) 0001 (location No. 1)

W11111 (base) 0002 (location No. 2)

Physician/Health Care Practitioner in Solo and Group Practice:

Dr. Smith

22222 (base) 0001 (solo location)

W11111 (base) 0002 (group location No. 2)

*W11111 (base) 0003 (group location No. 3)
Group Practice Membership File:*

Red Medical Group Practice

<i>W11111 (base)</i>	<i>0001 (group location No. 1)</i>
<i>Dr. Sebron</i>	<i>D22222 (group member)</i>
<i>Dr. Smith</i>	<i>A22222 (group member)</i>
<i>W11111 (base)</i>	<i>0002 (group location No. 2)</i>
<i>Betty West, P.T.</i>	<i>R22222 (group member)</i>

Provide a CMS specialty code for all physicians, health care practitioners, and group practices. (See Pub. 100-04, chapter 26, section 10.8.3.) Also provide specific data elements for each physician health care practitioner and group. (See Exhibit 1 and 1A.) In addition to the current data field requirements, collect and maintain the complete billing/practice address including the 9 digit zip code for all physician, health care practitioner and group practice billing/practice settings, and the tax identification numbers (TIN): employee identification number (EIN) or social security number (SSN) will be added for all physicians, health care practitioners, and group practices.

Provide SSNs or TINs that physicians, health care practitioners and medical groups report to IRS and the 1099 program in field 32 and the personal SSN for physicians and health care practitioners in field 41 of the UPIN record layout.

National Heritage Insurance Company (NHIC) is the Registry carrier that establishes and maintains the Registry of physicians/health care practitioners/group practices receiving Part B Medicare payment. NHIC's mailing address is:

*The Registry
National Heritage Insurance Company
1055 West 7th Street
Los Angeles, CA 90017*

***14.1.1 - Ongoing Data Collection on Physician/Health Care Practitioner/Group Practices Applications
(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)***

Validate information submitted by physicians/health care practitioners/group practices. Verify State licensure with the appropriate State licensing board, and certifications with certification boards. Physicians/health care practitioners eligible for Medicare payment should be licensed/registered by the State in which they provide services. As required by State law, validate all credentials and State licenses/certificates/registrations for all physicians, health care practitioners, and groups receiving a UPIN.

Collect certain data from each physician/health care practitioner/group practice in order to assure accurate identification. Collect the data when the physician/health care practitioner/group practice applies for a UPIN. Verify physician/health care practitioner status for prior practices with the carrier serving the prior practice.

The Registry will assist in processing all local carrier Provider Identification Numbers (PIN) to

UPINs with a locator identifier. All physicians, health care practitioners, and groups will receive a UPIN. The UPIN identifies each physician/health care practitioner/group for all billing/practice settings (e.g., independent practice, partnerships or hospital-based settings.)

14.1.2 - Physicians/Health Care Practitioners/Group Practices Record Required Information and Format

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Minimum data requirements establish the basic data set needed for the Medicare Physician Identification and Eligibility Record (MPIER) at the Registry. Data fields are modified to include health care practitioners, group practices, tax identification numbers and addresses for all billing/practice settings. The record layout is a 306 bytes.

Physicians and health care practitioners must be assigned a UPIN before being added to the group practice membership file. Every physician/health care practitioner/group practice must apply individually for a UPIN. Each group practice must provide the name and UPIN of each group member affiliated with their group.

For each physician/health care practitioner/group practice who applies for a UPIN, collect the following: (See Exhibit 1A)

- o Full professional name: last, first, middle name/initial and any suffix (e.g., Jr, Sr, III,); Group Practice name, if applicable;*
- o Addresses: (collect all billing and physical practice sites (business), including the 9 digit zip code);*
- o State in which the Physician/Health Care Practitioner is licensed or practicing (2 digit abbreviation, alpha);*
- o State license, registration, or certification number;*
- o Date of Birth (MM,DD,YYYY);*
- o Credentials (2-3 position) if credential is not listed below, notify the Registry*

<i>MD</i>	<i>=</i>	<i>Medical Doctor</i>
<i>DO</i>	<i>=</i>	<i>Doctor of Osteopathy</i>
<i>CH</i>	<i>=</i>	<i>Chiropractor</i>
<i>DDM</i>	<i>=</i>	<i>Doctor of Dental Medicine</i>
<i>DDS</i>	<i>=</i>	<i>Doctor of Dental Surgery</i>
<i>DPM</i>	<i>=</i>	<i>Podiatrist</i>
<i>OD</i>	<i>=</i>	<i>Doctor of Optometry</i>
<i>CSW</i>	<i>=</i>	<i>Clinical Social Worker</i>
<i>PSY</i>	<i>=</i>	<i>Psychologist</i>
<i>PA</i>	<i>=</i>	<i>Physician Assistant</i>
<i>PT</i>	<i>=</i>	<i>Physical Therapist</i>
<i>CNS</i>	<i>=</i>	<i>Clinical Nurse Specialist</i>
<i>CNM</i>	<i>=</i>	<i>Certified Nurse Midwife</i>

<i>CP</i>	=	<i>Clinical Psychologist</i>
<i>CAN</i>	=	<i>Certified Registered Nurse Anesthetist</i>
<i>AA</i>	=	<i>Anesthesia Assistant</i>
<i>NP</i>	=	<i>Nurse Practitioner</i>
<i>OT</i>	=	<i>Occupational Therapist</i>
<i>GRP</i>	=	<i>Group Practice;</i>
<i>MSC</i>	=	<i>Mammography Screening Center</i>
<i>AMB</i>	=	<i>Ambulance Service Supplier</i>
<i>PXS</i>	=	<i>Portable X-Ray Supplier</i>
<i>IPL</i>	=	<i>Independent Physiological Laboratory</i>
<i>AU</i>	=	<i>Audiology</i>
<i>IDF</i>	=	<i>Independent Diagnostic Testing Facility</i>
<i>LAB</i>	=	<i>Laboratory</i>
<i>PHS</i>	=	<i>Public Health Services</i>
<i>ASC</i>	=	<i>Ambulatory Surgical Center</i>

- o Medical health professional school (name, State, and zip code);*
- o Year of medical school graduation (YYYY);*
- o Tax Identification Number (i.e. Social Security Number in Field 41/ Tax Identification Number in Field 32 used by provider when reporting to IRS);*
- o Specialty and Board Certification Status (primary and secondary, collect all);*
- o Resident/Intern status (only physicians);*
- o Previous practice in another State;*
- o UPIN of previous Medicare affiliation; and*
- o Physician/health care practitioner/group practices participation indicator (collect all).*

14.1.3 - Maintaining Physician/Health Care Practitioner/Group Practices

Memberships

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Add all physicians/health care practitioners in any practice setting (e.g., solo, partnership, clinic, hospital-based) and maintain up-to-date files of physicians/health care practitioners and group practices. Update the Registry with any changes in the group membership (additions or deletions).

To assure accurate and up-to-date information of group membership and physician setting:

- o Notify all group practices that the group is responsible for informing you of changes in its membership. As members (physicians/health care practitioners) join or leave the group, the group should submit written notification to you including all pertinent data (See Exhibit 1 A); and*

- o Identify any additions or deletions to maintain a comprehensive listing of group membership. Collect the required data for each Physician/Health Care Practitioner added to the group.

- o If no claims have been submitted within one year, deactivate the record by sending an update to the Registry.

14.1.4 - Validation of Physician/Health Care Practitioner/Group Practice Credentials, Certification, Sanction, and License Information for Prior Practices (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Validate credentials of all physicians/health care practitioners and group practices participating in Medicare, as appropriate. Ensure that the physician/health care practitioner/group practice submitted data is accurate, current and complete. Ensure that the physician/health care practitioner/group practice is eligible for Medicare payment regardless of whether the physician/health care practitioner/group practice is in a solo practice or member of a group. At a minimum:

- o Verify all physician/health care practitioner/group practice membership submitted data with the appropriate State licensing boards to ensure the provider is registered and licensed to practice;

- o Collect prior Medicare utilization information concerning the physician/health care practitioner/group practice in order to determine if the provider should be placed on pre-payment review for aberrant practices; and

- o Verify that the physician/health care practitioner/group practice is not sanctioned by checking the Medicare/Medicaid Sanction-Reinstatement Report.

14.1.5 - UPIN Cross-Referral Requirement (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Using the cross-walk developed by the Registry, track the local PIN in your provider file, or any other internal number used in claims processing, to the provider's TIN (EIN/SSN), and the UPIN and location identifier(s). Each time you receive records from the Registry conduct a match of your provider file with Registry records to ensure that there is a one for one match of carriers' PINs to their respective 10 digit UPIN. Gaps and discrepancies must be resolved with the Registry immediately. Cross-refer your carrier assigned provider identification number and tax identification number (EIN/SSN) within your provider file to each assigned UPIN. Use the UPIN when communicating with the Registry.

14.2 - Maintenance of the Registry (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Maintenance of the Registry's Medicare Physician Identification Eligibility Record (MPIER) is the process to keep current all data that pertain to a specific physician/health care practitioner/group practice record, i.e., adds, corrections of exceptions, and updates. In order to ensure the integrity of the Registry, perform routine maintenance on your physician/health care practitioner/group practice record and promptly submit notification to the Registry of any additions, corrections and updates.

14.2.1 - General

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry's MPIER must reflect the identical information for critical data elements as in your provider file. Therefore, when you make changes in your provider file, specifically the data required in Exhibits 1 and 1A, submit them to the Registry for update to the MPIER file.

Three records require changes to your physician/health care practitioner/group practice file:

- o Adds: Submission of a new physician/health care practitioner/group practice or new practice setting for a previously established physician/health care practitioner/group practice.*
- o Updates: A revision to any of the required data elements of an established record on the MPIER of a physician/health care practitioner/group practice assigned a UPIN.*
- o Exceptions: Correction and resubmission of records returned to you for development.*

You may submit maintenance records on a daily or weekly basis. No maintenance record can be older than 5 working days from the date of the update in your system.

14.2.2 - Add Records

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The conditions are:

- o Physician/health care practitioner/group practice enrolling as a new provider.*
- o Physician/health care practitioner/group practice adding a new practice setting.*

For record layout specifications and minimum requirements, see Exhibit 2. When submitting an add record, submit the entire 300 byte record with the current valid information for each data element. Use Record Status Code 1 for medical doctor, Record Status Code 2 for other doctors, Record Status Code 3 for health care practitioners, Record Status Code 4 for group practice, and Record Status Code 5 for adding members to a group practice.

For all physicians/health care practitioners, the name, address, date of birth and State license are used for matching against the AMA physician extract file and other professional association files, as applicable to verify the physician/health care practitioner's identity. For groups, the name, address, and tax identification number are to be used for verification.

The data elements comprising name, address, date of birth, credentials, tax identification number, State licensed and State license number are used in a matching process to validate information submitted to the Registry for health care practitioners.

For identification of other doctors and health care practitioners the name, date of birth, SSN number, billing address and credentials are compared across all carrier records to verify identity.

Use name, tax identification number, street and city address data elements (including 9 digit zip)

for physicians, health care practitioners, and group practices, when possible, to resolve any discrepancy about identity.

To establish a group practice UPIN provide:

- o Record Code 1 in Field 1;*
- o Record Status 4 in Field 2;*
- o Group Practice in Field 21*
- o Tax Identification Number in Field 32*
- o Your assigned PIN in Field 33; and*
- o Your carrier number in Field 36.*

For record layout specifications and minimum requirements, see Exhibit 2. When submitting an add record, submit the entire 300 byte record with the current valid information for each data element.

Group practices must obtain a UPIN before members can be added. The physicians/health care practitioners must be assigned a UPIN before being added to the group practice:

To add a membership to a group practice, provide:

- o Record Code 1 in Field 1;*
- o Record Status 5 in Field 2;*
- o Group Practice Indicator 1 in Field 30*
- o Tax ID of Group in Field 32;*
- o Carriers Assigned PIN in Field 33;*
- o Physician/health care practitioner UPIN in Field 34; and*
- o SSN of the individual physician/health care practitioner and 10 digit UPIN for the group location in Field 40.*

14.2.3 - Adding Physician/Health Care Practitioner/Group Practice Setting (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

To add a practice setting to an established UPIN (base number), provide:

- o Record Code "1" in Field 1;*

- o The physician/health care practitioner/group practice provider number in Field 33, a different local PIN for the new location (Create a new PIN to satisfy this requirement);*
- o UPIN in Field 34;*
- o Your carrier number in Field 36;*
- o Y in Field 39; and*
- o All other data elements for the specific MPIER record including the revised information in the appropriate fields.*

14.2.4 - Update Records

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Update on the Registry MPIER file any changes to your provider file involving the following elements, and update your provider file with any changes made to the Registry.

FIELD NUMBER ITEM

- | | |
|-----|-----------------------------------------------------------------------------|
| 3. | <i>Last Name (Groups will use fields 3-thru 6)</i> |
| 4. | <i>First Name</i> |
| 5. | <i>Middle Name/Initial</i> |
| 6. | <i>Name Suffix</i> |
| 7. | <i>Street (Billing Address)</i> |
| 8. | <i>City (Billing Address)</i> |
| 9. | <i>State (Billing Address)</i> |
| 10. | <i>ZIP Code (Billing Address/9 digits)</i> |
| 11. | <i>Street (Business Address)</i> |
| 12. | <i>City Business Address)</i> |
| 13. | <i>State Business Address)</i> |
| 14. | <i>ZIP Code (Business Address/9 digits)</i> |
| 15. | <i>State Licensed or Operating in</i> |
| 16. | <i>Physician/Health Care Practitioner State License/Registration Number</i> |
| 17. | <i>Date of Birth</i> |
| 18. | <i>Medical School Graduated</i> |
| 19. | <i>Medical School Year Graduated</i> |
| 20. | <i>Date of Death</i> |
| 21. | <i>Credentials (2-3 positions)</i> |
| 22. | <i>Primary Specialty Code</i> |
| 23. | <i>Primary Board Certification Indicator</i> |
| 24. | <i>Secondary Specialty Code</i> |
| 25. | <i>Secondary Board Certification Indicator</i> |
| 26. | <i>Type of Sanction Code</i> |
| 27. | <i>Effective Date of Sanction</i> |
| 28. | <i>Number of Sanctioned Years</i> |
| 29. | <i>Deactivate Resident/Intern Practice OPT out Code</i> |
| 30. | <i>Group Practice Indicator</i> |
| 31. | <i>Physician /Health Care Practitioner Participation Indicator</i> |
| 32. | <i>Tax Identification Number</i> |

- 33. *Carrier Provider Number*
- 40. *Social Security Number - Special Processing Data*

Provide:

- o Record Code 5 in Field 1;*
- o Physician/health care practitioner/group practice provider number in Field 33;*
- o UPIN in Field 34;*
- o Your carrier number in Field 36; and*
- o All other data elements for the specific MPIER record including the revised information in the appropriate fields. Record layout specifications are in Exhibit 2. Submit the entire 306 byte record with the current valid information.*

A. Deactivate a Practice Setting

Deactivate any practice setting which has not had any activity after 1 year. To deactivate a practice setting for an established, provide:

- o Record Code 5 in Field 1;*
- o D in Field 29;*
- o UPIN in Field 34;*
- o Your carrier number in Field 36; and*
- o All other data elements for the specific MPIER record including the revised information in the appropriate fields.*

If a Group Practice goes out of business, generate an update record using Record Code 5 and update Field 29, with a "D" = Deactivate to reflect the appropriate status. Deactivating a group member will remove the physician/health care practitioner from the group membership file.

B. Special Processing

Certain update records, including name change to an MPIER setting, require special processing by the Registry because they affect key matching fields.

C. Name Changes

For name changes, provide:

- o Record Code 5 in Field 1;*
- o The physician/health care practitioner/group practice updated name information in Fields 3, 4, 5, 6 (New Name);*
- o The Physician/Health Care Practitioner/Group Practice provider number in Field 33;*
- o UPIN in Field 34;*

- o Your carrier number in Field 36;*
- o 1 in Field 39;*
- o The physician/health care practitioner/group practice OLD name (last name for individuals, complete name for group practices) in Field 40.*

Submit a name change for each practice setting on the MPIER. If there are changes to other data elements for this record, submit another update record after the name change has been processed. The Registry cannot accept a name change update with other fields being updated in the same record.

D. Option Out of the Medicare Program

If a physician decides to opt out of the Medicare program, provide:

- o Record Code 5 in Field 1;*
- o The letter O in Field 29;*
- o UPIN in Field 34;*
- o Your carrier number in Field 36; and*
- o All other data elements for the specific MPIER record including the revised information in the appropriate fields.*

14.2.5 - Rejections

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry can accept only records which meet record layout requirements and specifications. Records which do not meet the requirement are rejected and returned when any of the following conditions exist:

- o Records are not readable by the Registry computers;*
- o Incorrect record code;*
- o Incorrect or missing carrier ID number;*
- o Invalid physician/health care practitioner/group practice status code;*
- o Alpha character in numeric field;*
- o Missing date of birth, medical school code, medical school year graduated, State license/registration number, or tax identification number; and*
- o 9 digit zip code not included.*

An entire transmission is rejected if more than 10 percent of the records contain the above errors, or:

- o A transmission format violation exists, e.g., no trailer record; or*
- o Trailer record count does not equal number of records.*

If less than 10 percent contain errors, the transmission is accepted, but the erroneous records are rejected.

The Registry notifies you by telephone and follows up with TMAIL when all, or part, of a magnetic tape transmission is rejected. The Registry does not follow up on File Transfer reject.

Use your Physician Registry Telecommunication Guide for further instructions. The record code remains unchanged if record (s) is rejected.

Exception code "99" is recorded on all rejected records in Field 37. If the entire transmission is rejected, no specific exception code is assigned. The Registry does not maintain any suspense or pending files for records that reject during pre-edit processing.

Correct and re-submit rejected records within 7 calendar days.

14.2.6 - Exceptions ***(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)***

Records that contain acceptable data in all required fields (See Exhibits 1 and 1A), but cannot enter the MPIER for any reason are considered exceptions. They are held in suspense until all discrepancies are resolved and a UPIN is assigned. Validate all exception codes received from MPIER. The exception message "needs validation" means the required field is missing information, requires verification, information has been changed or the information is not consistent with other fields. See the Registry's telecommunication guide for additional instructions. Record Code "2" in Field is for exceptions to Adds. Record Code "6" in Field is for exceptions to updates. Each exception contains a specific code in Field 37. Five (5) data elements of three digits (characters) have been assigned. The three digit codes are:

First digit: 0 or 9 used for internal processing at the Registry. Second & third digit: Field Number of your record.

Exception Code

Cause

<i>001</i>	<i>Record Code missing or needs validation</i>
<i>002</i>	<i>Record Status Code needs validation</i>
<i>003</i>	<i>Last Name needs validation</i>
<i>004</i>	<i>First Name needs validation</i>
<i>005</i>	<i>Middle Name/Initial needs validation</i>
<i>006</i>	<i>Name Suffix, e.g., "JR.", needs validation</i>
<i>007</i>	<i>Billing Address needs validation</i>
<i>008</i>	<i>City of Billing Address needs validation</i>
<i>009</i>	<i>State of Billing needs validation</i>

- 010 ZIP Code of Billing Address needs validation
- 011 Business Street Address needs validation
- 012 City of Business Address needs validation
- 013 State of Business needs validation
- 014 ZIP Code of Business Address needs validation
- 015 State Licensed in needs validation
- 016 State License/Registration number needs validation
- 017 Date of Birth needs validation
- 018 School Graduated needs validation
- 019 School Year Graduated needs validation
- 020 Date of Death needs validation
- 021 Credentials, e.g., "MD", needs validation
- 022 Primary Specialty Code needs validation
- 023 Primary Board Certification needs validation
- 024 Secondary Specialty Code needs validation
- 025 Secondary Board Certification needs validation
- 026 Type of Sanction Code needs validation
- 027 Effective Date of Sanction needs validation
- 028 Sanction years needs validation
- 029 Deactivate/Resident/Intern Practice Code needs validation
- 030 Group Practice Indicator needs validation
- 031 Physician/Health Care Practitioner Participation Indicator needs validation
- 032 Tax Identification Number needs validation
- 033 Carrier Provider Number needs validation
- 034 UPIN is missing or needs validation
- 035 NHIC (TA) number needs validation
- 036 Incoming carrier number needs validation
- 038 Record State Licensure Validation Field needs validation
- 039 Special Processing Indicator missing or needs validation

o You may need to contact the physician/health care practitioner/group practice to collect missing information or to verify information. Contact the physician/health care practitioner/group practice directly, either by correspondence or by phone. Verify the full data set for the physician/health care practitioner/group practice, not just missing elements. Ask the physician/health care practitioner/group practice if he/she/it has practiced/operated under another name, or in another State.

When contacting the physician, health care practitioner and group practice directly for data, use the following language:

"We are required by §9202 of the Consolidated Omnibus Budget Reconciliation Act of 1985 and §1833(e) of the Social Security Act to uniquely identify each health care provider who provides services for which payment is made under Medicare. We do not have enough information about you. As part of an update and recertification of our provider files, we are asking for this data. In order to assure your continued eligibility for Medicare Part B payment, please respond fully to the enclosed request within 30 days"

When you uncover new or different information, do not overlay the information unless you are sure that the original submission was incorrect. For example, if the date of birth had transposed digits, correct the field. The Registry records should reflect the way you are paying the

physician/health care practitioner/group practice.

If you find a physician/health care practitioner/group practice who has practiced under another name, or if you are unsure how to code an exception correction, call the Registry at (213) 742-3024.

Submit each corrected record as it is completed. Do not retain the records until the entire batch is resolved.

Add Exceptions

Returned Add records are identified by:

- o Record Code 2 in Field 1;*
- o No UPIN in Field 34;*
- o NHIC's Number in Field 35; and*
- o Error Code (s) identified in Field 37.*

Provide on the resubmitted record:

- o Record Code 2 in Field 1;*
- o NHIC number in Field 35;*
- o Correct or validate all Fields identified in Error Code Field 37; and*
- o All other data elements for the specific MPIER record including the revised information in the appropriate field.*

Update Exceptions

Returned update records are identified by:

- o Record Code 6 in Field 1;*
- o UPIN in Field 34;*
- o Assigned NHIC's Number in Field 35; and*
- o Error Code (s) identified in Field 37.*

Provide on the resubmitted record:

- o Record code 6 in Field 1;*
- o Carrier's provider number in Field 33;*
- o UPIN in Field 34;*
- o NHIC's Number in Field 35;*
- o All other data elements for the specific MPIER record including the revised information in the appropriate field.*

Correct and re-submit exception records within 15 calendar days.

14.2.7 - Batching Procedures

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Submit maintenance records to the Registry by telecommunications (see §1010.1) or by mail.

Determining which method to use is based upon the volume of records and which media best meets your needs.

Preparing Physician/Health Care Practitioner/Group Practice Records

On Diskette - The file must contain fixed records in ASCII format and have an external label. Each diskette should contain no more than 1200 records each. Label files of multiple diskettes, 1 of X, 2 of X, etc. Diskette File Name: UPIN89.PHY

On Magnetic Tape/Tape Cartridge - Prepare the file using an IBM standard label with data set name: UPIN 94. PHYDATA. INIT. Physician/health care practitioner/group practice data files must contain fixed formatted records. Each tape must have an external label.

Use the following hardware considerations:

Tape configuration of 3480 cartridge or 9 track/6250

Block data record as follows: Physician/Practitioner data file. - 23400

NOTE: *Data Set names other than the above will be rejected and may require resubmission.*

Preparation of the Record Transmittal

Send each shipment of magnetic tape(s) or diskette(s) with a Record Transmittal. Prepare it in triplicate. Send the original and one copy with the shipment. Retain the other.

Completion of the Record Transmittal (See Exhibit 5)

Item A

1. *Carrier Number:* *Enter your identification number. Show all five digits.*
2. *Carrier Identification:* *Your name and return address. Enter the full name and address of person to whom questions may be addressed.*
3. *Date Prepared:* *Enter the date (MM,DD,YYYY) the file was prepared. This date should agree with the creation date in the related trailer record (Position 7-14). (See Exhibit 2.)*
4. *Date Shipped:* *Enter the date (MM,DD,YYYY) the data was shipped.*
 - o *UPIN Data Records:* *If tape(s), enter all volume serial numbers; if diskette(s), enter all identifying data on the diskette external label.*
 - o *Total Records:* *Enter the total number of records.*
 - o *Type Records:* *Indicate the type of records on the file; MDs/DOs, other Doctors, Health Care Practitioners or Group Practices. Do not enter records for adding members to a practice with the initial record to establish the group MPI.*

Item C

- 1. The Registry notifies you if your data processes successfully.*
- 2. If the Registry is unable to accept your file, e.g., the data set name, or the record format is incorrect or density is not compatible with The Registry's system, the entire file is rejected. The reason for the rejection is listed. Make the corrections and resubmit the tape within 7 working days. Identify the resubmitted file with the same information as the original. Write the word "resubmittal" on the top right-hand corner of the form. Use the space at the bottom for the name and phone number of a contact person that is able to answer questions about the resubmittal.*

Shipment of UPIN Physician/Health Care Practitioner/Group Practice Data to the Registry

Mail delivery is preferred. However, if you are located near Los Angeles may find other service faster and more economical. For mailing purposes, the addresses are:

*Overnight Express:
The Registry
National Heritage Insurance
Company
1055 West 7th Street
Los Angeles, CA 90017-2211*

*Regular Mail:
The Registry
National Heritage Insurance
Company
1055 West 7th Street
Los Angeles, CA 90017-0575*

Prepare the tape(s) or diskette(s) for mailing. Note that the package contains a magnetic tape or diskette, and mark it "MAGNETIC MEDIA." Provide for backup data until you receive an acknowledgment that the Registry has received and processed your data.

***14.3 - Privacy Act Requirements
(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)***

The CMS has established a Privacy Act system of records titled the "Medicare Physician Identification and Eligibility System" (MPIES). The information in the MPIES is subject to the provisions of the Privacy Act. A system of records notice, specifying the purpose for collecting the information maintained in this system and routine uses which permit disclosure without the prior written consent of the individual to whom the record pertains, is being published in the Federal Register.

Without the written consent of the physician, health care practitioner, or group practice, information in this system of records can only be released if at least of 12 disclosure provisions apply and one of these provisions is for routine use.

If you receive a request for UPIN information (other than the UPIN Directory), even if a routine use exists which would permit disclosure, forward the request to:

*Center for Medicare and Medicaid Services
Office of Financial Management
Division of Provider and Supplier Enrollment
C3-02-16
7500 Security Blvd.
Baltimore, Md. 21244*

14.3.1 - Release of UPINs

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

In accordance with §4164 of the Omnibus Budget Reconciliation Act (OBRA) 1990, CMS has published a UPIN Directory of all physician registered with a carrier and with the Registry. Businesses or persons providing services or items for which payment can be made under Medicare may request a copy of the UPIN Directory from the carrier. Release of the UPIN Directory meets the requirements of the Privacy Act and satisfies the health care industry's need to identify referring and ordering physician. (See §14.8.)

14.3.2 - Release of UPINs to Physicians, Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry will not issue the UPINs directly to physicians. Notify physicians, nurse practitioners, clinical nurse specialists, (certified nurse midwives via the UPIN Directory) Clinical Nurse and physician assistants of their base 6-digit UPIN only. Do not release the 4-digit location identifiers. Mail UPINs to each physician, clinical nurse specialist, nurse practitioner, and physician assistant no later than 5 days after receipt from the Registry.

14.4 - Automatic Notifications

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry alerts you if a record on the MPIER requires investigation and research. Notifications are sent through the Registry telecommunication system to your output file as Record Code 7. The Notification Code is displayed in Field 37 as an alpha code. Confirm and verify your file to determine if the notifications and records you submitted are valid. Act on all automatic notifications (except code X - rescission/denial) within 30 calendar days. The conditions for which the Registry sends you notification are:

A. Deceased Physician/Health Care Practitioner-Notification Code D

Verify information regarding the alleged death of a physician/health care practitioner with the State Licensure Board, Medical Trade Association, or other outside entity.

If the physician/health care practitioner is deceased, generate an update record for each practice setting using Record Code 5 and update Field 20, "Date of Death," with the appropriate dates, and Field 29, "DRIP," with a "D" for deactivate for every practice setting.

If the physician/health care practitioner is not deceased, notify the Registry via a letter or TMAIL. Identify the source of your information.

B. Intern or Resident - Notification Code I or R

Validate the entire record.

Ensure that the practice setting for the physician is not associated with a teaching hospital.

If the physician is a resident/intern, update your file. Generate an update record using Record 5 and update Field 29, Deact/Res/Int/Prac code reflecting the appropriate status.

If the physician is not a resident/intern, notify the Registry via letter or TMAIL that the physician's status is incorrect. Provide the source of your information.

C. Sanctioned Notification - Code S

Verify your provider file against the Medicare/Medicaid Sanction - Reinstatement Report from OIG to determine if the physician/health care practitioner/group practice is listed.

If you determine that the provider is not listed in the Medicare/Medicaid Sanction - Reinstatement Report (i.e., the Registry has incorrectly matched the OIG sanction information to the MPIER), notify the Registry via letter or TMAIL that the provider's status is incorrect. Identify the source of your information.

A listing containing exclusion and reinstatement/withdrawal actions taken by OIG is distributed to you on a monthly basis.

If the physician/health care practitioner/group practice is sanctioned, determine if the sanction has been applied to all of your in-house provider files. Check all physician/health care practitioner/group practice records, practice settings and group affiliation for prior sanctioned information, and waiver letters. Make sure the Registry is notified of all sanction information. Make necessary corrections to your provider file to ensure that the physician/health care practitioner/group practice does not receive payment during their sanction period.

A provider may apply for reinstatement at the expiration of the sanction period or any time thereafter. Refer all requests for reinstatement to Office of Investigation and Financial Operation (OIFO). Furnish information, as requested, regarding the subject requesting reinstatement. OIG notifies you of all reinstatements. Sanctioned information is updated on all in-house provider files.

Generate an update on your provider file record and update Fields 26, 27 and 28 for all MPIER settings which require changes. Use a Record Code 5.

D. Fraud Notification - Code F

In suspected fraud, the Registry notifies you by letter and asks for verification of the physician's information provided to you. Verify the information with your local State Licensing Board or Medical Trade Association. Take appropriate action based on the finding. Notify all entities involved, i.e., ROs, CO, and the Registry. The Registry takes appropriate action based on your response.

E. UPIN Rescission/Denial - Notification Code X

Two situations related to UPIN assignment are covered under Record Code 7:

- o UPIN request has been denied; and*
- o UPIN assignment is being rescinded.*

In both situations, the Registry provides you a complete explanation for the action via letter or TMAIL.

F. Physician OPT OUT

Validate the entire record. If the physician opted out of the Medicare program, update your file. Generate an update record using Record 5 and update Field 29, Deact/Res/Int/Prac code for each practice setting reflecting the appropriate status.

14.5 - UPIN Directory

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Section 4164 of OBRA 1990 required CMS to publish a directory of all UPINs assigned to physicians who provide services for which payment is made under Part B of Medicare. The UPIN directory is used by laboratories, suppliers, and physicians who are required to identify the referring or ordering physician on the Medicare claim form.

The Privacy Act system of records titled the "Medicare Physician Supplier Master File" (No. 09-70-0518) has been revised to notify the public that the release of UPINs satisfies the requirements of OBRA and will be accomplished through the publication of a UPIN directory.

The CMS published the directory using the Registry's national master file of UPINs as source data. The Government Printing Office (GPO) printed the directory and bulk shipped the documents to you for distribution to laboratories, suppliers and physicians who require them for claims submission.

The directory includes the following information for each physician and non-physician practitioner:

- o Full name;*
- o Credentials (e.g., MD, DDS,);*
- o UPIN;*
- o State;*
- o ZIP code;*
- o Carrier assigned provider number; and*
- o Specialty code.*

All practice settings on the UPIN master file are included except those having deactivation or date of death indicators or those submitted by the Railroad Retirement Board (RRB). The directory will be sorted alphabetically by physician name within each carrier number.

The directory is issued loose leaf style and 3-hole punched to fit a standard binder. Each document is shrink wrapped and placed within an individual mailing envelope or container. The mailing envelope or container is printed with a fourth class postage.

The GPO printer packed the volumes within the mailing envelope or container for drop shipment to you.

Distribute directories upon request and free of charge to physicians, health care practitioners, group practices, durable medical equipment suppliers, laboratories, hospitals, ESRD facilities, radiology and other imaging centers, physical therapy facilities, consulting physicians and billing services submitting claims for these entities. Limit distribution to one copy per requestor.

Refer persons requesting more than one copy or other persons (e.g., professional associations, other third party payers and the public at large) to GPO for purchase information.

The UPIN information is available for sale from GPO, Superintendent of Documents, on electronic media or hard copy. The specifications for the electronic media UPIN directory are standard 6250 BPI, EBCDIC or ASCII with IBM standard labels. The package includes a description of the data, file specifications and record layout. The price of the electronic media file is \$125. The Electronic Media UPIN directory is available only as a national file. The price of the hard copy varies depending on the size of the individual document.

Payment may be made by VISA or MasterCard or by check or money order made payable to Superintendent of Documents. Mail orders for electronic media files are sent to:

*Superintendent of Documents
U.S. Government Printing Office
Attention: Electronic Products Sales Coordinator
P.O. Box 37082
Washington, D.C. 20013-7082.*

Mail orders for hard copy volume(s) are sent to:

*Superintendent of Documents
U.S. Government Printing Office
Attention: Sales Service Coordinator
Washington, D.C. 20013-7082.*

To order a directory by phone, call 202-512-1800 between 8:00 a.m. and 5:00 p.m. (Eastern Standard Time) Monday-Friday. Tapes and hard copy volume(s) are sent by registered mail or may be picked up at 45 G Street, N.W., Washington D.C.

The UPIN master file was used to create the UPIN directory. CMS periodically publishes supplements to the directory with additions and updates of physician identification information.

Notify the provider community about the release of the UPIN directory in your provider bulletin and provide procedures for obtaining copies. Entities that wish to obtain a copy of the directory may submit their requests to you.

Publication of the UPIN directory satisfies the needs of laboratories, suppliers, physicians and others to comply with implementation of UPIN billing requirements for referring and ordering physicians.

Privacy Act regulations preclude denial of individual requests for UPINs. Make requestors aware that UPINs can be found in the directory. Advise requestors, who do not agree to await issuance of the directory, that their request for UPINs will be fulfilled as soon as possible (on a flow basis in hard copy format) as your priority workload permits. However, do not deny such requests outright.

14.6 - UPINs for Ordering/Referring Physicians
(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Section 1833(q) of the Act requires that all physicians that meet the §1861(r) definition of a physician must have a UPIN and all claims for services ordered or referred by one of these physicians include the names and UPINs of the ordering/referring physician.

Effective January 1, 1992, a physician or supplier that bills Medicare for a service or item must show the name and UPIN of the ordering/referring physician on the claim form, if that service or item was the result of an order or referral from a physician. If the ordering physician is also the performing physician, the physician must enter his/her name and assigned UPIN as the ordering physician. If the ordering/referring physician is not assigned a UPIN, the biller may use a surrogate UPIN, e.g., until an application for a UPIN is processed and a UPIN assigned. (See §14.9.2.) Process physicians requests for UPINs timely.

14.6.1 - CWF Edits and Claims Processing Requirements (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

If any procedure codes (HCPCS) associated in your claims processing system with CWF Type of Service (TOS) codes: 3 (consultative services), 4 (diagnostic radiology), 5 (diagnostic laboratory) (field 59, position 247 of the CWF Part B record) or durable medical equipment, orthotics and prosthetics, are shown on the claim form, the name of the physician who ordered or referred the item or service must be shown in Item 17. The ordering/referring physician's assigned or surrogate UPIN is to be entered in Item 17a of Form CMS-1500. The first position of the UPIN must always be alpha, the second and third positions must be either alpha or numeric and the last 3 positions must be numeric. For electronic claims, enter the name and UPIN in Record/Field, EAO-20.0, positions 80-94 of the Electronic Media Claims format. Only the 6-digit base number of the UPIN will be required for CWF edits for referring and ordering. Do not use the 4-digit location identifier.

A. The following guidelines apply to those services that are edited by CWF

o If the service is a diagnostic laboratory or radiology service, the assigned UPIN of the ordering/referring physician must be shown in item 17a on Form CMS-1500;

o If the performing physician is also the ordering physician, the physician must enter his/her name and UPIN in items 17 and 17a of Form CMS-1500, confirming that the service is not the result of a referral from another physician;

o If the referring physician is practicing in a veteran hospital and his or her UPIN is unavailable the biller must enter the physician name and UPIN EME000 in items 17 and 17a of Form CMS-1500, confirming that the service is not the result of a referral from another physician;

o If the service is a consultative service, the name and UPIN of the referring physician or other person meeting the statutory definition of a physician must be shown on Form CMS-1500 in items 17 and 17a if the referring physician UPIN is unavailable the billing physician can enter his or her name and UPIN;

o If the service was referred by other limited licensed practitioner, the name and UPIN of the physician supervising the limited licensed practitioner must be shown on Form CMS-1500 in items 17 and 17a;

o If the service was the result of a referral from a person not meeting the statutory definition of a physician or a limited licensed practitioner (for example, a pharmacist, psychologist), the billing physician must enter his or her name and UPIN in items 17 and 17a, i.e., the physician completes Form CMS-1500 as though the service was initiated by the patient; and

o If durable medical equipment, prosthetics and orthotics are ordered, the name and UPIN of the ordering physician must be on Form CMS-1500 in items 17 and 17a.

B. Deny, return or reject assigned claims requiring, but not containing, the name and UPIN of the ordering/referring physician depending on your system's capability and the cost effectiveness of the three options. If the claim is denied, afford the claimant the opportunity to appeal. Develop unassigned claims requiring a UPIN.

Use the following Remittance Advice message to inform physician and suppliers of the reason for the claim being returned or denied:

"Your claim for (specify service/item) cannot be processed due to the lack of an ordering/referring physician's (specify missing information, i.e., name, UPIN, or both)."

14.6.2 - Surrogate UPINs

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Providers/suppliers that submit claims for items or services are responsible for ensuring that the name and UPIN of the ordering/referring physician are obtained and submitted on Form CMS-1500. The UPIN directory is the primary source for physician names and UPINs. However, some situations may exist in which physicians are not yet issued UPINs. In these instances, surrogate UPINs are to be used.

Surrogate UPINs are temporary and are to be used only until UPINs are assigned in accordance with the following conditions:

A. Physician with Military, Department of Veterans Affairs and Public Health Service

Physician/health care practitioners serving in the military or with the Department of Veterans Affairs or the Public Health Service are not exempt from the requirement to obtain a UPIN, particularly if they expect to provide services to Medicare beneficiaries or refer beneficiaries for other services. Until a UPIN is assigned, they are to use the following surrogate UPINs:

o PHS000- Physicians serving in the Public Health Service, including the Indian Health Service.

o RES000 Billers are to use the six (6) surrogate UPIN RES000 for a physician meeting the description of "intern, resident or fellow in Pub. 100-01, chapter 5, section 70.7, if the individual does not have a UPIN.

B. Retired Physicians

These physicians are not issued UPINs and are to use the surrogate RET000. Retired physicians who are assigned a UPIN must use the assigned UPIN.

C. Surrogate UPIN OTH000

No longer accept the Surrogate UPIN OTH000 on any claims. Effective for dates of service April 1, 2006 and later, DME suppliers, physicians, non-physician practitioners and billers must submit the UPIN assigned to the ordering or referring physician. Effective, for dates of service April 1, 2006 and later, contractors shall return, as unprocessable, all claims submitted with Surrogate UPIN OTH000.

Return as unprocessable any claims submitted with Surrogate UPIN OTH000 effective for dates of services April 1, 2006 and later.

If a provider can not be assigned a UPIN in a timely manner, OFM will grant an emergency UPIN on a case by case basis.

Notify suppliers, physicians, or billers if their use of surrogates is excessive. If surrogate UPINs are over utilized, the Part B contractor via the UPIN Registry will confirm that a UPIN has not been assigned to the ordering/referring physician. Confirm that a UPIN is not assigned to the ordering/referring physician. If one is assigned, notify the physician of the assigned UPIN. If a UPIN is not assigned, notify the physician of the need to file an application for a UPIN.

14.6.3 - Carrier Registry Telecommunication Interface (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry has established a telecommunications network between the Registry, you, and the AMA to ensure that its data files are current and information can be exchanged quickly and effectively. The network functions include file transfer, Registry Customer Information Control System (RCICS), and other software and hardware components with the capability of rapid data exchange. These instructions are not a substitute for information found in the Telecommunication Guide published by the Registry in February and May 1989. For complete instructions, refer to the Registry Telecommunications Guide.

14.7 - General (Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

The Registry provides the software interface, installation instructions, and data communication support needed to initiate, develop, and maintain your remote telecommunication link. The Registry is accessible through the Medicare Data Communications Network using the AT&T Global Network Service/Connect:Direct (AGNS/CD). AGNS/CD enables many varieties of terminals and computers to exchange information.

The Registry provides the capability for on-line transfer of files between you and the Registry through the use of AGNS/CD which runs and executes at the Registry mainframe level. CD is a software package, which runs on the mainframe. Advantis is now called AGNS and is a communication network. The AGNS will replace Tymnet network. CD uses the AT&T network to transmit files from mainframe to mainframe. This transmission is controlled by JCL on the mainframe and whatever scheduling package is used at your data center. The file transfer is sent through The AGNS/CD in the mainframe. You are notified when the file transfer is completed. Once completed, the transfer request is terminated.

The RCICS enables you to make on-line inquiries directly to the Registry and to view all records you submitted to the Registry on its Suspense and UPIN file. RCICS enable you to access through your terminal/desktop computer. The Network Hardware/Software Component requires mainframe access using TN 3270 connection.

14.7.1 - AGNS/CD

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Allows on-line contact with the Registry's mainframe computer. The Registry provides AGNS/CD access along with a Registry Telecommunications Guide. Installation instructions for the AGNS/CD are in the Guide.

The features of AGNS/CD provide a faster and more secure transmission of information. It also provides automatic scheduling/transmission of uploads/downloads. The AGNS/CD is mainframe to mainframe software and allows unlimited users and access to the Registry. Consult your telecommunication system/data specialist regarding your current connectivity. They are responsible for developing your connectivity.

A. AGNS/CD Security

The system provides network access security by requiring entry of both an identification number (ID) and password.

Once network access is achieved, you are directed to the next layer of security, application access verification. You cannot sign onto the Registry system until you have entered a valid ID and password that is recognized. This means that persons not defined to the Registry system cannot access other applications as valid users. You can use the AGNS to gain access to RCICS, where you will have to enter your ID and password.

The Registry will not assist you in gaining access to the AGNS at your data center since your method may be different from others. Once you get the VTAM sign on screen for RCICS, the Registry can assist you in signing on. The Registry will work with you to set up and test CD transmissions.

B. Registry Password and IDs

The Registry assigns log on IDs and passwords to all Registry users for UPIN application .

14.7.2 - File Transfer

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

You can transmit information from the Registry (downloading) and to the Registry (uploading). Downloading transfers a program or data file from the Registry's central computer to your terminal/desktop computer. Uploading transfers a file from your terminal/desktop computer to the Registry's central computer.

Use file transfer for data submission. The Registry accepts data submissions other than by file transfer (i.e., magnetic tape, diskettes) only on an exception basis. For further information, contact the Registry.

Records, which have been transmitted using file transfer, are processed by the Registry's system on the same day received. To verify if your physician/health care practitioner/group practice data were transmitted, review your records on the Carrier Output File and the MPIER File for availability of data returned to your system. If there is no evidence that records were initiated through the Registry system, notify the Registry via telephone. File transfer hours are 4 a.m. to 5 p.m., Monday through Friday (Pacific Coast Time).

The Registry provides an electronic version of the Carrier Workload Report to assist you in monitoring the flow of data in and out of the Registry. This monthly management report can be downloaded from the Registry upon request. The report provides the number of add, exception and update records processed by the Registry for a given time frame. Refer to the Registry Telecommunications Guide for additional information.

14.7.3 - Registry Customer Information Control System **(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)**

A mainframe RCICS session is used for handling on-line transactions to display records on the Suspense file, UPIN file, and the Audit Trail and Output records. RCICS allows on-line access to all transactions submitted to the Registry. Use the following transaction codes:

R140 Suspense File Display - Displays details of all records on the Suspense File. The file includes all pending records, which failed the on-line edits or are awaiting further development by you, the AMA or the Registry.

R150 MPIER File Display - Displays all records listed on the MPIER file (assigned UPINs). It includes individual physician/health care practitioners/group practice records consisting of the assigned UPIN, professional data and the physician/health care practitioner/group practice's medical practice. All practice settings for each physician/health care practitioner/group practice reside on the MPIER File. The physician/health care practitioner/group practice record is placed on the MPIER File when the UPIN is assigned.

R160 UPIN Bulletin Board - A one-way message board from the Registry. Although the UPIN Bulletin Board is similar to T-MAIL in its usage, it is a one-way information source used only to notify you of procedural or policy changes affecting data submission and processing.

R170 UPIN Error Code Display - Displays a detailed description of error codes, definition of the related record layout field, and how to resolve the error.

R251 Carrier Return Display - Displays the output records ready for pickup. The output consists of accepted records with UPINs, and excepted and rejected records with an error coded appended.

R252 Carrier Summary Report - Displays a total count of all records on your output file, since your last record pickup. It includes assigned UPINs, rejections, exceptions and invalid records.

R253 Suspense Exception Display - Displays all records listed on the suspense file in sequential order. It includes add and update exceptions.

R340 Suspense History Display - Displays the final version of a suspense record prior to its placement on the MPIER.

The RCICS hours are 7 a.m. to 5:00 p.m. (Pacific Coast Time) Monday through Friday.

14.7.4 - T-Mail

(Rev. 141, Issued: 02-24-06; Effective/Implementation: N/A)

Facilitates the flow of information between you and the Registry. It provides a means to transmit, receive, and file messages. Lengthy, detailed or technical messages can be sent directly instead of through third parties. Messages can be sent regardless of the time difference.

The Registry assigns a T-MAIL ID and password. T-MAIL passwords do not expire. However, the Registry occasionally changes passwords for security reasons.

A menu lists all options and expedites transmission of your message.

T-MAIL displays messages posted to you and allows you to send a response. If more than one T-MAIL message is posted, they are displayed in the sequence they are sent. You can select a specific T-MAIL message. They remain on your menu until you purge them.

T-MAIL hours are 4 a.m. - midnight (Pacific Coast Time) Monday through Friday.